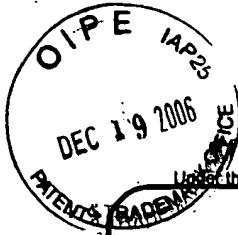


JFW



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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number

10/628.049

Filing Date

7/28/2003

First Named Inventor

Michael

Art Unit

3732
Ms Hensley

Digitized by srujanika@gmail.com

ENCLOSURES *(Check all that apply)*

| | | |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to TC |
| <input checked="" type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation | <input type="checkbox"/> Status Letter |
| <input checked="" type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Change of Correspondence Address | <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application | <input type="checkbox"/> Landscape Table on CD | |
| <input type="checkbox"/> <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | Remarks | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|--------------------------|----------|--|
| Firm Name | — | | |
| Signature | <i>Michele M. Morris</i> | | |
| Printed name | Michele M. Morris | | |
| Date | Dec 15, 2006 | Reg. No. | |

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

| | | | |
|-----------------------|-------------------|------|--------------|
| Signature | Michele M. Morris | | |
| Typed or printed name | Michele M. Morris | Date | Dec 15, 2006 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1460.

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PTO/SB/17 (07-06)
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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2006

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)
1,080

Complete If Known

| | |
|----------------------|-------------------|
| Application Number | 10/628,049 |
| Filing Date | 7/28/2003 |
| First Named Inventor | Michele M. Morris |
| Examiner Name | Ms. Hensley |
| Art Unit | 3732 |
| Attorney Docket No. | — |

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: _____ Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments
 under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|--------------|-------------|--------------|------------------|--------------|----------------|
| | Fee (\$) | Small Entity | Fee (\$) | Small Entity | Fee (\$) | Small Entity | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | — |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | — |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | — |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | — |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | — |

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Small Entity

Fee (\$)

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

Total Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

- 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

- 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**

— 100 — / 50 = _____ (round up to a whole number) x _____ = _____

Fee Paid (\$)

Fee Paid (\$)

\$1080.00

Fee Paid (\$)

SUBMITTED BY

| | | | |
|-------------------|--------------------------|--------------------------------------|-------------------------------|
| Signature | <i>Michele M. Morris</i> | Registration No. (Attorney/Agent) | Telephone <i>724 422 5973</i> |
| Name (Print/Type) | <i>Michele M. Morris</i> | Date <i>Dec 15, 2006</i> | |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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|--|-------------------------------------|--------------|
| <p style="text-align: right;">O.I.P.</p> <p>Notice of Non-Compliant Amendment (37 CFR 1.121)</p> <p>DEC 19 2006</p> | Application No. <i>10/622049</i> | Applicant(s) |
| | Examiner <i>11-206</i> | Art Unit |
| <p>The MAILING DATE of this communication appears on the cover sheet with the correspondence address -</p> <p>This amendment document filed on <i>11-206</i> is considered non-compliant because it has failed to meet the requirements of 37 CFR 1.121. In order for the amendment document to be compliant, correction of the following item(s) is required.</p> <p>THE FOLLOWING MARKED (X) ITEM(S) CAUSE THE AMENDMENT DOCUMENT TO BE NON-COMPLIANT:</p> <p><input type="checkbox"/> 1. Amendments to the specification:</p> <ul style="list-style-type: none"> <input type="checkbox"/> A. Amended paragraph(s) do not include markings. <input type="checkbox"/> B. New paragraph(s) should not be underlined. <input type="checkbox"/> C. Other _____ <p><input type="checkbox"/> 2. Abstract</p> <ul style="list-style-type: none"> <input type="checkbox"/> A. Not presented on a separate sheet. 37 CFR 1.72. <input type="checkbox"/> B. Other _____ <p><input type="checkbox"/> 3. Amendments to the drawings:</p> <ul style="list-style-type: none"> <input type="checkbox"/> A. The drawings are not properly identified in the top margin as "Replacement Sheet," "New Sheet," or "Annotated Sheet" as required by 37 CFR 1.121(d). <input type="checkbox"/> B. The practice of submitting proposed drawing correction has been eliminated. Replacement drawings showing amended figures, without markings, in compliance with 37 CFR 1.84 are required. <input type="checkbox"/> C. Other _____ <p><input type="checkbox"/> 4. Amendments to the claims:</p> <ul style="list-style-type: none"> <input type="checkbox"/> A. A complete listing of all of the claims is not present. <input type="checkbox"/> B. The listing of claims does not include the text of all pending claims (including withdrawn claims). <input type="checkbox"/> C. Each claim has not been provided with the proper status identifier, and as such, the individual status of each claim cannot be identified. Note: the status of every claim must be indicated after its claim number by using one of the following status identifiers: (Original), (Currently amended), (Canceled), (Previously presented), (New), (Not entered), (Withdrawn) and (Withdrawn-currently amended). <input type="checkbox"/> D. The claims of this amendment paper have not been presented in ascending numerical order. <input checked="" type="checkbox"/> E. Other: <i>Fee of 1080.00 is due</i> <p>For further explanation of the amendment format required by 37 CFR 1.121, see MPEP § 714 and the USPTO website at http://www.uspto.gov/web/offices/pac/dspp/qla/prenotice/officenotes.pdf.</p> <p>TIME PERIODS FOR FILING A REPLY TO THIS NOTICE:</p> <ol style="list-style-type: none"> 1. Applicant is given no new time period if the non-compliant amendment is an after-final amendment or an amendment filed after allowance. If applicant wishes to resubmit the non-compliant after-final amendment with corrections, the corrected amendment must be resubmitted within the time period set forth in the final Office action. 2. Applicant is given one month, or thirty (30) days, whichever is longer, from the mail date of this notice to supply the corrected section of the non-compliant amendment in compliance with 37 CFR 1.121, if the non-compliant amendment is one of the following: a preliminary amendment, a non-final amendment (including a submission for a request for continued examination (RCE) under 37 CFR 1.114), a supplemental amendment filed within a suspension period under 37 CFR 1.103(a) or (c), and an amendment filed in response to a Quayle action. <p><u>Extensions of time</u> are available under 37 CFR 1.138(a) only if the non-compliant amendment is a non-final amendment or an amendment filed in response to a Quayle action.</p> <p><u>Failure to timely respond</u> to this notice will result in:</p> <ul style="list-style-type: none"> Abandonment of the application if the non-compliant amendment is a non-final amendment or an amendment filed in response to a Quayle action; or Non-entry of the amendment if the non-compliant amendment is a preliminary amendment or supplemental amendment. <p><i>Patricia Hensley</i> Legal Instruments Examiner (LIE)</p> <p><i>571-2721026</i> Telephone No.</p> | | |



UNITED STATES PATENT AND TRADEMARK OFFICE

UNDER SECRETARY OF COMMERCE FOR INTELLECTUAL PROPERTY AND
DIRECTOR OF THE UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, DC 20231
www.uspto.gov



Paper No. _____

NOTICE OF FEE DEFICIENCY

The informality regarding the payment of the fee is indicated below in connection with

the original filing of the application and/or preliminary amendment (e.g. additional claim fees) **11-9-06**
 the reply filed on **11-9-06** because of the **AS per 37 CFR 1.111** The reply is not fully responsive to the prior Office action following matter(s). See 37 CFR 1.111 and 37 CFR 1.135.

FEE(S) DUE

1. The reply (e.g., amendment) is considered incomplete in that the funds in Deposit Account No. _____ are insufficient to cover the entire fee due. The balance* is due within the time period set below.

2. The reply (e.g., amendment) is considered incomplete in that the Credit Card payment to cover the entire fee due to _____ Account _____ (Card type + last 4 digits ONLY) was refused. The balance* is due within the time period set below.

3. The reply (e.g., amendment) has not been entered, since applicant has failed to remit (or authorize charge to a Deposit Account or Credit Card) the fee as indicated on the attached Patent Application Fee Determination Record. Remittance or authorization is due within the time period set below.

4. The filing fee of \$ _____ submitted in this application is insufficient. A balance of \$ _____ is due for presentation of excess claims (37 CFR 1.16(b) & (c)).

5. Other. _____

Explanation (Provide specific details of the required correction in order to assist the applicant. Indicate whether a service charge has been added to the fee due):

A Fee in the amount of \$1080.00 is due for five months etc.

APPLICANT IS GIVEN A TIME PERIOD OF ONE (1) MONTH OR THIRTY (30) DAYS FROM THE MAILING DATE OF THIS NOTICE, WHICHEVER IS LONGER, WITHIN WHICH TO REMIT THE FEE DUE* IN ORDER TO AVOID ABANDONMENT. EXTENSIONS OF THIS TIME PERIOD MAY BE GRANTED UNDER 37 CFR 1.136.

THE INDICATED AMOUNT OF THE FEE(S) DUE IS SUBJECT TO CHANGE YEARLY ON OCTOBER 1 (37 CFR 1.16 & 1.21). THE AMOUNT OF THE FEE(S) DUE IS DETERMINED AS OF THE DATE A COMPLETE REPLY IS RECEIVED BY THE OFFICE (37 CFR 1.8 & 1.10). BECAUSE THE AMOUNT DUE IS NOT NECESSARILY THE FEE INDICATED ABOVE, IT IS RECOMMENDED THAT APPLICANT CHECK THE CURRENT FEE SCHEDULE WHICH IS POSTED ON THE USPTO'S WEBSITE AT: <http://www.uspto.gov/web/offices/ac/qs/ope/fees.htm>

*Service Charges: There is a \$50 service charge for processing each payment refused (including a check returned "unpaid") or charged back by a financial institution (37 CFR 1.21(m)). There is a \$25.00 service charge for each month when the balance of a deposit account is below \$1000 at the end of the month (37 CFR 1.21(b)(2)).

Debbie Hensley
Legal Instruments Examiner (LIE) or Clerk of Group

Inquires regarding this Notice should be addressed to the above at **571-273-1026** (insert Phone Number).



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Organization UNITED STATES PATENT AND TRADEMARK OFFICE

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